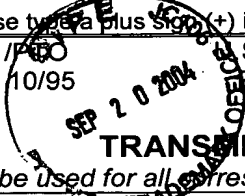
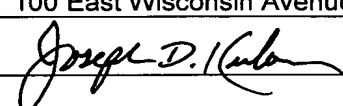
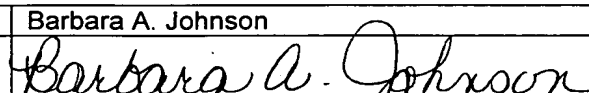


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Please type a plus sign (+) inside this box [ + ]		Patent and Trademark Office: U.S. Department of Commerce	
0001/PTO	U.S. Department of Commerce	Application Number	10/774,983
Rev. 10/95	Patent and Trademark Office	Filing Date	02/09/2004
 <p><b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)</p>		First Named Inventor	Timothy E. Brahier
		Group Art Unit	3751
		Examiner Name	Peter T. Devore
Total Number of Pages in this Submission		9	Attorney Docket Number
		4204-00020	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After final  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement/PTO-1449  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37.152 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Checklist and Accompanying Petition  <input type="checkbox"/> To Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> After Allowance Communication To Group  <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group ( Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below)
		<div style="border: 1px solid black; padding: 5px;">         Return receipt postcard Terminal Disclaimer       </div>
		<div style="border: 1px solid black; padding: 5px;">         Remarks       </div>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual Name	Joseph D. Kuborn, Reg. No. 40,689 ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202
Signature	
Date	September 16, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on this date:			
			September 16, 2004
Typed or printed name	Barbara A. Johnson		
Signature		Date	09/16/04

PTO/SB/17 (10-2003) <div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block; transform: rotate(-15deg);">           OFFICE SEP 20 2004 PATENT &amp; TRADEMARK OFFICE         </div> <h2 style="text-align: center; margin: 0;">FEE TRANSMITTAL</h2>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">COMPLETE IF KNOWN</th> </tr> <tr> <td>Application Number</td> <td>10/774,983</td> </tr> <tr> <td>Filing Date</td> <td>02/09/2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Timothy E. Brahier</td> </tr> <tr> <td>Group Art Unit</td> <td>3751</td> </tr> <tr> <td>Examiner Name</td> <td>Peter T. Devore</td> </tr> <tr> <td>Attorney Docket Number</td> <td>4204-00020</td> </tr> </table>		COMPLETE IF KNOWN		Application Number	10/774,983	Filing Date	02/09/2004	First Named Inventor	Timothy E. Brahier	Group Art Unit	3751	Examiner Name	Peter T. Devore	Attorney Docket Number	4204-00020																																																																																																																																																																																		
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<b>METHOD OF PAYMENT (check one)</b> 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <span style="border: 1px solid black; padding: 2px 20px;">01.2000</span>  Deposit Account Name <span style="border: 1px solid black; padding: 2px 50px;">Andrus, Scealess, Starke &amp; Sawall, LLP</span>  <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee set in 37 CFR 1.18 at the Mailing Of the Notice of Allowance, 37 CFR 1.311(b)  3. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		<b>FEE CALCULATION (continued)</b> <b>2. 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